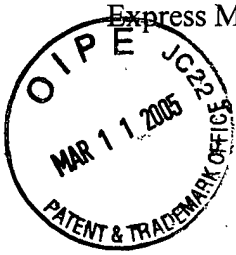


02-14-05

IFW



Express Mail No. 459189069 US

Tyco 18063 (AT 20958-2116)
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Brian Patrick Costello et al.

Serial No.: 10/810,135

Filed: March 26, 2004

For: GUIDE RECEPTACLE WITH
TANDEM MOUNTING FEATURES

Art Unit: 2833

Examiner: Hammond, Brigitte R.

AMENDMENT

Mail Stop: Amendment
Commissioner of Patents
P.O. Box 1450
Washington, D.C. 20231

In response to the Office Action dated January 14, 2005, please amend the above-identified patent application as follows:

Express Mail No.: 459189069 US

PATENT 18063

Attorney Docket No.: 20958-2116

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Brian Patrick Costello and George
Richard Defibaugh

Art Unit: 2833

Serial No.: 10/810,135

Examiner: Hammond, Brigitte R.

Filed: March 26, 2004

For: GUIDE RECEPTACLE WITH
TANDEM MOUNTING FEATURES

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:

- Response and Amendment to Official Office Action dated January 14, 2005 (15 pgs.)
- Amendment Transmittal (3 pgs.)
- Return Post Card

STATUS

2. Applicant

☐
☒

claims small entity status.

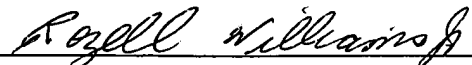
is other than a small entity.

**CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER FOR PATENTS**

Express Mail No. EV 459189069 US

Date: March 11, 2003

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Rozell Williams, Jr., Reg. No. 44,403

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response within: | Other than small entity Fee | Small entity Fee (if applicable) |
|-----------------------------------|--------------------------------|-------------------------------------|
| _____ first month | \$ 120.00 | \$ 60.00 |
| _____ second month | \$ 450.00 | \$ 225.00 |
| _____ third month | \$ 1,020.00 | \$ 510.00 |
| _____ fourth month | \$1,590.00 | \$ 795.00 |
| _____ fifth month | \$2,160.00 | \$1,080.00 |

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

OR

- (b) X Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col. 1) | | (Col. 2) | (Col. 3) | SMALL ENTITY | | OTHER THAN SMALL ENTITY |
|-----------------|---|-------|---------------------------------------|------------------|----------------------------|----|----------------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | ADDITIONAL RATE FEE | OR | ADDITIONAL RATE FEE |
| TOTAL INDEP. | | | | = | x \$25.00 = \$ | | x \$50.00 = \$ |
| | | MINUS | | = | x \$100.00 = \$ | | x \$200.00 = \$ |
| — | FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | + \$180.00 = \$ | | + \$360.00 = \$ |
| | | | | | TOTAL ADDITIONAL FEE \$ | OR | TOTAL ADDITIONAL FEE \$ |

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is a check in the sum of \$ _____

- ☐ Charge Deposit Account No. 01-2384 the sum of \$ _____.
A duplicate of this transmittal is attached.

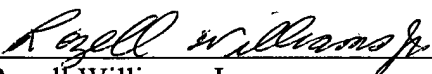
FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. ☐ Other:



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